

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SH		11/12/8
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	TL	1111	12/5/07
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	12/3/07
2	✓	✓	12/3/07
3	✓	✓	12/3/07
4	✓	✓	12/3/07
5	✓	✓	12/3/07
6	✓	✓	12/3/07
7	✓	✓	12/3/07
8	✓	✓	12/3/07
9	✓	✓	12/3/07
10	✓	✓	12/3/07
11	✓	✓	12/3/07
12	✓	✓	12/3/07
13	✓	✓	12/3/07
14	✓	✓	12/3/07
15	✓	✓	12/3/07
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48	✓	✓	12/3/07
49	✓	✓	12/3/07
50	✓	✓	12/3/07

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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12/5/07